

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District of Texas

Case number (If known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an
amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Nathan

First name

David

Middle name

Hair

Last name

Suffix (Sr., Jr., II, III)Rachel

First name

Capuano

Middle name

Hair

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Nathan

First name

D

Middle name

Hair

Last name

Nathan

First name

Middle nameHair

Last name

See continuation page.

Rachel

First name

C

Middle name

Hair

Last name

Rachel

First name

Middle nameCapuano

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 8 4 0 0

OR

9xx - xx - ____ ____ ____ ____

xxx - xx - 9 0 2 6

OR

9xx - xx - ____ ____ ____ ____

Debtor 1
Debtor 2Nathan
Rachel
First NameDavid
Capuano
Middle NameHair
Hair
Last Name

Case number (if known) _____

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**Include trade names and *doing business as* names☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live**2216 Hilltop Climb Dr**
Number Street**Leander, TX 78641-8817**
City State ZIP Code**Travis**
County**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1
Debtor 2Nathan
Rachel
First NameDavid
Capuano
Middle NameHair
Hair
Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under***Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2Nathan
Rachel
First NameDavid
Capuano
Middle NameHair
Hair
Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1
Debtor 2Nathan
Rachel
First NameDavid
Capuano
Middle NameHair
Hair
Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No.☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1
Debtor 2**Nathan**
Rachel
First Name**David**
Capuano
Middle Name**Hair**
Hair
Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2Nathan
Rachel
First NameDavid
Capuano
Middle NameHair
Hair
Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☐ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X/s/ Nathan David Hair

Nathan David Hair, Debtor 1

Executed on 11/15/2021

MM/ DD/ YYYY

X/s/ Rachel Capuano Hair

Rachel Capuano Hair, Debtor 2

Executed on 11/15/2021

MM/ DD/ YYYY

Debtor 1
Debtor 2**Nathan**
Rachel

First Name

David
Capuano

Middle Name

Hair
Hair

Last Name

Case number (if known) _____

**For your attorney, if you are
represented by one****If you are not represented by an
attorney, you do not need to file this
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X**/s/ Stephen W Sather**

Signature of Attorney for Debtor

Date **11/15/2021**

MM / DD / YYYY

Stephen W Sather

Printed name

Barron & Newburger, P.C.

Firm name

7320 N. MoPac Expressway 400

Number Street

Austin

City

TX

State

78731

ZIP Code

Contact phone **(512) 476-9103 x226**Email address **ssather@bn-lawyers.com****17657520**

Bar number

TX

State

| | | | | |
|----------|---------------|----------------|-------------|------------------------------|
| Debtor 1 | Nathan | David | Hair | |
| Debtor 2 | Rachel | Capuano | Hair | |
| | First Name | Middle Name | Last Name | Case number (if known) _____ |

Additional Items: Continuation Page**2. All other names you have used in the last 8 years
(cont.)****Rachel**

First name

Hair

Last name

Include your married or maiden names.

Fill in this information to identify your case and this filing:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number | _____ | | |

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1 2216 Hilltop Climb Dr

Street address, if available, or other description

Leander, TX 78641-8817

City State ZIP Code

Travis

County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$398,662.00

Current value of the portion you own?

\$398,662.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple
☒ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

→ \$398,662.00

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: Nissan Who has an interest in the property? Check one.
 Model: Titan ☐ Debtor 1 only
 Year: 2010 ☐ Debtor 2 only
 Approximate mileage: 170000 ☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
| <u>\$5,500.00</u> | <u>\$5,500.00</u> |

If you own or have more than one, list here:

3.2 Make: Buick Who has an interest in the property? Check one.
 Model: Enclave ☐ Debtor 1 only
 Year: 2017 ☐ Debtor 2 only
 Approximate mileage: 43000 ☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
| <u>\$23,000.00</u> | <u>\$23,000.00</u> |

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ \$28,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.....

Various Household Goods

\$2,200.00**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....

5 TVs, 1 Stereo, 2 Computers, 1 iPads, 1 Printer and 2 iPhones

\$1,460.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe.....

Baseball Cards

\$100.00**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.....

See Attached.

\$1,200.00**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....

See Attached.

\$2,000.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....

See Attached.

\$5,500.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....

See Attached.

\$100.00

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ No☒ Yes. Describe.....

Children's toys

\$500.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here..... →

\$13,060.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

16. **Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes..... Cash.....17. **Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

17.1. Checking account: Bank of America ending 2213 \$1,503.8617.2. Checking account: Bank of America ending 1071 \$1,363.0517.3. Savings account: Bank of America ending 2855 \$1,130.3717.4. Savings account: USAA ending 1848 \$25.00

17.5. Certificates of deposit: _____

17.6. Other financial account: _____

17.7. Other financial account: _____

17.8. Other financial account: _____

17.9. Other financial account: _____

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☐ No
☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

| | | | |
|--------------------|------------|----------|---------------|
| NatRac, LLC | 100 | % | \$0.00 |
|--------------------|------------|----------|---------------|

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately.

Type of account:

Institution name:

| | | |
|---------------|--|--------------------|
| Pension plan: | COERS Retirement/City of Austin | \$45,901.48 |
|---------------|--|--------------------|

| | | |
|------|-------------------------|--------------------|
| IRA: | Empower DEF Comp | \$26,470.20 |
|------|-------------------------|--------------------|

| | | |
|---------------------|------------|--------------------|
| Retirement account: | TRS | \$37,183.72 |
|---------------------|------------|--------------------|

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes.....

Institution name or individual:

| | | | | |
|----------|---------------|----------------|-------------|------------------------------|
| Debtor 1 | Nathan | David | Hair | |
| Debtor 2 | Rachel | Capuano | Hair | |
| | First Name | Middle Name | Last Name | Case number (if known) _____ |

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No
☐ Yes.....

Issuer name and description:

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No
☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No
☐ Yes. Give specific
information about them....

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No
☐ Yes. Give specific
information about them....

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**

First Name Middle Name Last Name

Case number (if known) _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No
☐ Yes. Give specific information about them....

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☐ No
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

 2020 | Overpayment in 2020 will be applied to 2021 estimated taxes

Federal:

\$2,244.00

State:

Local:

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No
☐ Yes. Give specific information.....

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No
☒ Yes. Give specific information.....

 Restitution owed by Jeremy Toms
\$36,000.00**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No
☐ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No☒ Yes. Describe each claim.....

Civil Case against Ernest Beltz, Jr, et al; Cause No. D-1-GN-20-001971 Travis County District Court 126th Judicial District

unknown**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.....**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →****\$151,851.70****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.....**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe.....

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe.....

41. Inventory

- ☒ No
☐ Yes. Describe.....

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe.....

Name of entity:

% of ownership:

_____%

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

- ☒ No
☐ Yes. Describe.....

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....→

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes.....

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

48. Crops—either growing or harvested

- ☒ No
☐ Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes.....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes.....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....→

\$0.00**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here.....→

\$0.00**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....→

\$398,662.0056. Part 2: Total vehicles, line 5 \$28,500.0057. Part 3: Total personal and household items, line 15 \$13,060.0058. Part 4: Total financial assets, line 36 \$151,851.7059. Part 5: Total business-related property, line 45 \$0.00

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

60. **Part 6: Total farm- and fishing-related property, line 52** \$0.0061. **Part 7: Total other property not listed, line 54** + \$0.0062. **Total personal property.** Add lines 56 through 61..... \$193,411.70 Copy personal property total → + \$193,411.7063. **Total of all property on Schedule A/B.** Add line 55 + line 62..... \$592,073.70

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

SCHEDULE A/B: PROPERTY

Continuation Page

| | | |
|-----|--|-------------------|
| 9. | Equipment for sports and hobbies | |
| | Bicycles | \$100.00 |
| | Golf Clubs | \$50.00 |
| | Guitar | \$50.00 |
| | Carpentry Tools | \$1,000.00 |
| 11. | Clothes | |
| | Clothing | \$1,000.00 |
| | Purses | \$1,000.00 |
| 12. | Jewelry | |
| | Everyday Jewelry | \$500.00 |
| | Wedding Rings | \$5,000.00 |
| 13. | Non-farm animals | |
| | 9 year old dog | \$100.00 |
| | 13 year old cat | \$0.00 |
| 17. | Deposits of money | |
| | Savings account: | |
| | Velocity Credit Union ending 4626 | \$5.02 |
| | Savings account: | |
| | PECU ending 6579 | \$25.00 |

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim <i>Check only one box for each exemption.</i> | Specific laws that allow exemption |
|--|---|---|--|
| Brief description: <u>2216 Hilltop Climb Dr Leander, TX 78641-8817</u> | <u>\$398,662.00</u> | <input checked="" type="checkbox"/> <u>\$166,963.32</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002</u> |
| Line from <i>Schedule A/B</i> : <u>1.1</u> | | | |
| Brief description: <u>2017 Buick Enclave</u> | <u>\$23,000.00</u> | <input checked="" type="checkbox"/> <u>\$4,023.23</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)</u> |
| Line from <i>Schedule A/B</i> : <u>3.2</u> | | | |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|--|---|--|--|
| Brief description: Various Household Goods Line from Schedule A/B: <u>6</u> | \$2,200.00 | <input checked="" type="checkbox"/> \$2,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: 5 TVs, 1 Stereo, 2 Computers, 1 iPads, 1 Printer and 2 iPhones Line from Schedule A/B: <u>7</u> | \$1,460.00 | <input checked="" type="checkbox"/> \$1,460.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(1) |
| Brief description: Bicycles Line from Schedule A/B: <u>9</u> | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(8) |
| Brief description: Golf Clubs Line from Schedule A/B: <u>9</u> | \$50.00 | <input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(8) |
| Brief description: Guitar Line from Schedule A/B: <u>9</u> | \$50.00 | <input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(8) |
| Brief description: Carpentry Tools Line from Schedule A/B: <u>9</u> | \$1,000.00 | <input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(8) |
| Brief description: Clothing Line from Schedule A/B: <u>11</u> | \$1,000.00 | <input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(5) |
| Brief description: Purses Line from Schedule A/B: <u>11</u> | \$1,000.00 | <input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(5) |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|--|--|---|---|
| Brief description: Everyday Jewelry Line from Schedule A/B: 12 | \$500.00 | <input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Brief description: Wedding Rings Line from Schedule A/B: 12 | \$5,000.00 | <input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(6) |
| Brief description: 9 year old dog Line from Schedule A/B: 13 | \$100.00 | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(11) |
| Brief description: 13 year old cat Line from Schedule A/B: 13 | \$0.00 | <input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code §§ 42.001(a), 42.002(a)(11) |
| Brief description: Bank of America ending 1071 Checking account Line from Schedule A/B: 17 | \$1,363.05 | <input checked="" type="checkbox"/> \$1,363.05 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 38 U.S.C. § 5301 |
| Brief description: COERS Retirement/City of Austin Line from Schedule A/B: 21 | \$45,901.48 | <input checked="" type="checkbox"/> \$45,901.48 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 |
| Brief description: Empower DEF Comp Line from Schedule A/B: 21 | \$26,470.20 | <input checked="" type="checkbox"/> \$26,470.20 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 |
| Brief description: TRS Line from Schedule A/B: 21 | \$37,183.72 | <input checked="" type="checkbox"/> \$37,183.72 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Prop. Code § 42.0021 |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|---|
| Brief description: Restitution owed by Jeremy Toms | \$36,000.00 | <input checked="" type="checkbox"/> \$36,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Tex. Crim. Proc. Code § 56.49 _____ _____ |
| Line from Schedule A/B: 30 | | | |

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|--|--|--|
| \$18,976.77 | \$23,000.00 | \$0.00 |

2.1

PECU
Creditor's Name

30 East 10th Street
Number Street

Austin, TX 78701

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☒ Check if this claim relates to a community debt

Date debt was incurred

2017

Describe the property that secures the claim:

2017 Buick Enclave

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Last 4 digits of account number 9 - 0 1

Add the dollar value of your entries in Column A on this page. Write that number here:

\$18,976.77

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

| Part 1: | Additional Page | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
|---|---|--|--|--|--------------|
| 2.2 | People Fund Creditor's Name <u>P.O. Box 201940</u> Number Street <u>Dallas, TX 75230</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ | Describe the property that secures the claim: <div style="border: 1px dashed black; padding: 5px;">2010 Nissan Titan</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number _____ | \$150,643.29 | \$5,500.00 | \$145,143.29 |
| 2.3 | US Bank Creditor's Name <u>Po Box 21948</u> Number Street <u>Saint Paul, MN 55121-0948</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>05/28/2013</u> | Describe the property that secures the claim: <div style="border: 1px dashed black; padding: 5px;">2216 Hilltop Climb Dr Leander, TX 78641-8817</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Last 4 digits of account number <u>5</u> <u>3</u> <u>4</u> <u>6</u> | \$216,314.61 | \$398,662.00 | \$0.00 |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | <div style="border: 1px solid black; padding: 2px;">\$366,957.90</div> | | | |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

| Part 1: | Additional Page | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
|--|--|--|--|--|--------|
| 2.4 | <p>Velocity Credit Union Creditor's Name P.O. Box 1089 Number Street Austin, TX 78767 City State ZIP Code</p> <p>Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred 01/19/2018</p> | <p>Describe the property that secures the claim: 2216 Hilltop Climb Dr Leander, TX 78641-8817</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)</p> <p>Last 4 digits of account number <u>2 6 6 0</u></p> | \$15,384.07 | \$398,662.00 | \$0.00 |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | \$15,384.07 | | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | \$401,318.74 | | | |

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Internal Revenue Service

Priority Creditor's Name

Specialized Insolvency Office

Po Box 7346

Number Street

Philadelphia, PA 19101-7346

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
| \$3,430.57 | \$3,430.57 | \$0.00 |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim | |
|-----|---|--|--------------------|
| 4.1 | Austin Health Partners Nonpriority Creditor's Name Po Box 19000 Number Street Belfast, ME 04915-4085 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>1316</u> When was the debt incurred? <u>03/10/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill | \$116.28 |
| 4.2 | Bank of America Nonpriority Creditor's Name P.O. Box 15028 Number Street Wilmington, DE 19850-5028 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>0380</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card | \$16,467.62 |
| 4.3 | Bank of America Nonpriority Creditor's Name P.O. Box 15028 Number Street Wilmington, DE 19850-5028 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>4385</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card | \$21,761.78 |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|--|
| 4.4 | Beltz International LLC Nonpriority Creditor's Name dba Kidplay Supply 2423 S Bell Blvd Ste B Number Street Cedar Park, TX 78613 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$30,000.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Franchise Note |
| 4.5 | Cedar Park Regional Medical Center Nonpriority Creditor's Name 1401 Medical Parkway Number Street Cedar Park, TX 78613 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill |
| 4.6 | Chase Nonpriority Creditor's Name P.O. Box 15651 Number Street Wilmington, DE 19886 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 6399 \$12,275.98 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim | |
|--|---|---|--------------------|
| 4.7 | Credit Center, LLC Nonpriority Creditor's Name 7 Finance Dr Number Street Danbury, CT 06810-4133 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>-P43</u> When was the debt incurred? <u>11/04/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency | \$487.33 |
| 4.8 | Greensky Nonpriority Creditor's Name PO Box 29429 Number Street Atlanta, GA 30359 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>3946</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card | \$13,978.76 |
| 4.9 | HRRG Nonpriority Creditor's Name Po Box 5406 Number Street Cincinnati, OH 45273-0001 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>4449</u> When was the debt incurred? <u>06/04/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency | \$290.34 |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim | |
|--|--|---|-----------------|
| 4.10 | Kohl's Nonpriority Creditor's Name P.O. Box 2983 Number Street Milwaukee, WI 53201-2983 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>8333</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card _____ | <u>unknown</u> |
| 4.11 | LL Development, LLC Nonpriority Creditor's Name 2423 S Bell Blvd Ste B Number Street Cedar Park, TX 78613-4754 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Franchise Note _____ | <u>unknown</u> |
| 4.12 | McNeary & Voelker, P.C. Nonpriority Creditor's Name First Texas Bank Building 500 Round Rock Ave Ste 2 Number Street Round Rock, TX 78664-5116 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>3704</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections _____ | <u>\$450.00</u> |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|---|---|
| 4.13 | Parks Coffee Nonpriority Creditor's Name 1516 Ferguson Lane Number Street Austin, TX 78754 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$600.00 Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Goods and Services |
| 4.14 | Play Gym Franchise, LLC Nonpriority Creditor's Name dba Little Land Play Gym Franchise 2423 S Bell Blvd Ste B Number Street Cedar Park, TX 78613-4754 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$10,000.00 Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Franchise Contract |
| 4.15 | Sherry Law Firm Nonpriority Creditor's Name 2802 Flintrock Trce Ste 352 Number Street Austin, TX 78738-1743 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$3,025.00 Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Services |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|--|
| 4.16 | St. David's Georgetown Hospital Nonpriority Creditor's Name 200 Scenic Dr. Number Street Georgetown, TX 78626 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill _____ unknown |
| 4.17 | St. David's Round Rock Medical Center Nonpriority Creditor's Name Po Box 740794 Number Street Cincinnati, OH 45274-0794 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>2344</u> When was the debt incurred? <u>06/16/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill _____ \$865.77 |
| 4.18 | TeamHealth Nonpriority Creditor's Name 3585 Ridge Park Dr Number Street Fairlawn, OH 44333-8203 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>5410</u> When was the debt incurred? <u>09/17/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill _____ \$290.34 |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. | | Total claim |
|--|--|---|
| 4.19 | Texas Security & Surveillance Nonpriority Creditor's Name 2111 Sam Bass Rd Number Street Round Rock, TX 78681-1871 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,500.00 Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Services |
| 4.20 | The Weitzman Group Nonpriority Creditor's Name Po Box 660394 Number Street Dallas, TX 75266-0394 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$159,574.83 Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify |
| 4.21 | Williamson County Tax Assessor-Collector Nonpriority Creditor's Name 904 S. Main Street Number Street Georgetown, TX 78626 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$720.51 Last 4 digits of account number <u>0077</u> When was the debt incurred? <u>2021</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Property Taxes Owed by Little Land Play Gym Georgetown |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22

Women's Texas Health

Nonpriority Creditor's Name

Attn: #23631N**Po Box 14000**

Number Street

Belfast, ME 04915-4033

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8264**When was the debt incurred? **07/17/2021**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Bill**

\$406.11

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Oakwood Women's Centre

Name

511 Oakwood Blvd Ste 301

Number Street

Round Rock, TX 78681-4068

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

**Total claims
from Part 1**6a. **Domestic support obligations**6a. \$0.006b. **Taxes and certain other debts you owe the government**6b. \$3,430.576c. **Claims for death or personal injury while you were intoxicated**6c. \$0.006d. **Other.** Add all other priority unsecured claims. Write that amount here.6d. + \$0.006e. **Total.** Add lines 6a through 6d.6e. \$3,430.57**Total claim****Total claims
from Part 2**6f. **Student loans**6f. \$0.006g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**6g. \$0.006h. **Debts to pension or profit-sharing plans, and other similar debts**6h. \$0.006i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.6i. + \$276,810.656j. **Total.** Add lines 6f through 6i.6j. \$276,810.65**Total claim**

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|--|--|
| 2.1 | Texas Fertility Center Name 6500 N Mopac Expy # 1-120 Number Street Austin, TX 78731-3282 City State ZIP Code | IVF Treatments Contract to be ASSUMED |
| 2.2 | Name Number Street City State ZIP Code | |
| 2.3 | Name Number Street City State ZIP Code | |
| 2.4 | Name Number Street City State ZIP Code | |

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | _____ | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☐ No
☒ Yes
- Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)
☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☒ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____
- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

NatRac, LLC

Name

2216 Hilltop Climb Dr

Number Street

Leander, TX 78641-8817

City

State

ZIP Code

☒ Schedule D, line 2.2

4.12, 4.14, 4.20,

☒ Schedule E/F, line 4.21☐ Schedule G, line _____

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

☒ Employed ☐ Not EmployedParamedicCity of Austin15 Waller St
Number StreetAustin, TX 78702-5240

City State Zip Code

10 years

Debtor 2 or non-filing spouse

☒ Employed ☐ Not EmployedDirect Sales ConsultantUsborne Books & More5402 S 122nd East Ave
Number StreetTulsa, OK 74146-6007

City State Zip Code

5 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. | 2. <u>\$6,959.44</u> | <u>\$6,576.97</u> |
| 3. Estimate and list monthly overtime pay. | 3. + <u>\$400.28</u> | + <u>\$0.00</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. <u>\$7,359.72</u> | <u>\$6,576.97</u> |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**

First Name Middle Name Last Name

Case number (if known) _____

| | | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|-----|--------------|-----------------------------------|
| Copy line 4 here.....→ | 4. | \$7,359.72 | \$6,576.97 |
| 5. List all payroll deductions: | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$1,365.83 | \$0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. | \$0.00 | \$0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. | \$715.93 | \$0.00 |
| 5d. Required repayments of retirement fund loans | 5d. | \$137.80 | \$0.00 |
| 5e. Insurance | 5e. | \$567.02 | \$0.00 |
| 5f. Domestic support obligations | 5f. | \$0.00 | \$0.00 |
| 5g. Union dues | 5g. | \$30.72 | \$0.00 |
| 5h. Other deductions. Specify: <u>See additional page</u> | 5h. | + \$125.70 | + \$0.00 |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. | \$2,943.00 | \$0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$4,416.72 | \$6,576.97 |
| 8. List all other income regularly received: | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.00 | \$0.00 |
| 8b. Interest and dividends | 8b. | \$0.00 | \$0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | \$0.00 |
| 8d. Unemployment compensation | 8d. | \$0.00 | \$0.00 |
| 8e. Social Security | 8e. | \$0.00 | \$0.00 |
| 8f. Other government assistance that you regularly receive | | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | 8f. | \$0.00 | \$0.00 |
| Specify: _____ | 8f. | \$0.00 | \$0.00 |
| 8g. Pension or retirement income | 8g. | \$0.00 | \$0.00 |
| 8h. Other monthly income. Specify: <u>VA Disability</u> | 8h. | + \$441.35 | + \$0.00 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. | \$441.35 | \$0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse | 10. | \$4,858.07 | \$6,576.97 |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____ | 11. | + | \$0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. | | \$11,435.05 |
| 13. Do you expect an increase or decrease within the year after you file this form? | | | |
| <input checked="" type="checkbox"/> No. | | | |
| <input type="checkbox"/> Yes. Explain: _____ | | | |

Combined monthly income

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

1. Employment information for Debtor 2 or non-filing spouse

| | | | |
|---------------------------------|---------------------------------|--------------|-----------------|
| Occupation | <u>Direct Sales Consultant</u> | | |
| Employer's name | <u>Usborne Books & More</u> | | |
| Employer's address | <u>5402 S. 122nd East Ave</u> | | |
| | <u>Number Street</u> | | |
| | <u>Tulsa, OK 74146</u> | | |
| | <u>City</u> | <u>State</u> | <u>Zip Code</u> |
| How long employed there? | <u>5 years</u> | | |

Amount**5h. Other Deductions For Debtor 1**

| | |
|------------------------------|----------------|
| <u>Tob User</u> | <u>\$29.75</u> |
| <u>Cleat</u> | <u>\$30.00</u> |
| <hr/> | |
| <u>Additional Healthcare</u> | <u>\$65.95</u> |

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

7

☐ No. ☒ Yes.

Child

4

☐ No. ☒ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,908.53

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$48.75

4d. Homeowner's association or condominium dues

4d. \$49.50

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**

First Name Middle Name Last Name

Case number (if known) _____

| | | Your expenses | |
|------|--|---------------|------------|
| 5. | Additional mortgage payments for your residence , such as home equity loans | 5. | \$231.37 |
| 6. | Utilities: | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$256.31 |
| 6b. | Water, sewer, garbage collection | 6b. | \$186.50 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$571.49 |
| 6d. | Other. Specify: _____ | 6d. | \$0.00 |
| 7. | Food and housekeeping supplies | 7. | \$1,100.00 |
| 8. | Childcare and children's education costs | 8. | \$450.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$200.00 |
| 10. | Personal care products and services | 10. | \$200.00 |
| 11. | Medical and dental expenses | 11. | \$1,000.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$1,000.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$700.00 |
| 14. | Charitable contributions and religious donations | 14. | \$0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. | Life insurance | 15a. | \$0.00 |
| 15b. | Health insurance | 15b. | \$0.00 |
| 15c. | Vehicle insurance | 15c. | \$178.25 |
| 15d. | Other insurance. Specify: _____ | 15d. | \$0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Rachel Estimated Taxes</u> | 16. | \$2,144.00 |
| 17. | Installment or lease payments: | | |
| 17a. | Car payments for Vehicle 1 | 17a. | \$480.00 |
| 17b. | Car payments for Vehicle 2 | 17b. | \$0.00 |
| 17c. | Other. Specify: _____ | 17c. | \$0.00 |
| 17d. | Other. Specify: _____ | 17d. | \$0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$0.00 |
| 19. | Other payments you make to support others who do not live with you. Specify: _____ | 19. | \$0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. | Mortgages on other property | 20a. | \$0.00 |
| 20b. | Real estate taxes | 20b. | \$0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. | \$0.00 |

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

21. **Other.** Specify: Rachel Business Expenses21. **+** \$400.00**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$11,104.70

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$11,104.70**23. Calculate your monthly net income.**23a. Copy line 12 (your combined monthly income) from *Schedule I*.23a. \$11,435.05

23b. Copy your monthly expenses from line 22c above.

23b. -\$11,104.70

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. \$330.35**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**

First Name Middle Name Last Name

Case number (if known) _____

| | | Amount |
|---|--|----------|
| 6a. Electricity, heat, natural gas | | |
| Electricity | | \$211.73 |
| Gas | | \$44.58 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | | |
| Cable | | \$256.87 |
| Internet | | \$70.37 |
| Cell Phone | | \$244.25 |

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

| | |
|---|---------------------|
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | <u>\$398,662.00</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | <u>\$193,411.70</u> |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | <u>\$592,073.70</u> |

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

| | |
|---|---------------------|
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | <u>\$401,318.74</u> |
|---|---------------------|

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

| | |
|--|---------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | <u>\$3,430.57</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | <u>\$276,810.65</u> |

Your total liabilities

| |
|------------------------------|
| + <u>\$681,559.96</u> |
|------------------------------|

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

| | |
|---|--------------------|
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | <u>\$11,435.05</u> |
|---|--------------------|

5. **Schedule J: Your Expenses** (Official Form 106J)

| | |
|---|--------------------|
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | <u>\$11,104.70</u> |
|---|--------------------|

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income. Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| |
|-------|
| _____ |
|-------|

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|---|-------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | _____ | |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | _____ | |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | _____ | |
| 9d. Student loans. (Copy line 6f.) | _____ | |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | _____ | |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + _____ | |
| 9g. Total. Add lines 9a through 9f. | <table border="1"> <tr> <td>_____</td> </tr> </table> | _____ |
| _____ | | |

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Nathan David Hair

Nathan David Hair, Debtor 1

X

/s/ Rachel Capuano Hair

Rachel Capuano Hair, Debtor 2

 Date 11/15/2021

MM/ DD/ YYYY

 Date 11/15/2021

MM/ DD/ YYYY

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|---|---|---|---|
| <input type="checkbox"/> Same as Debtor 1 _____ Number Street | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ | <input type="checkbox"/> Same as Debtor 1 _____ Number Street | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ |
| _____ City State ZIP Code | | _____ City State ZIP Code | |
| <input type="checkbox"/> Same as Debtor 1 _____ Number Street | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ | <input type="checkbox"/> Same as Debtor 1 _____ Number Street | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ |
| _____ City State ZIP Code | | _____ City State ZIP Code | |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|---|--|--|--|
| | Sources of income Check all that apply. | Gross Income (before deductions and exclusions) | Sources of income Check all that apply. | Gross Income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$68,894.38 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$84,338.20 |
| For last calendar year: (January 1 to December 31, <u>2020</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$72,195.99 \$29,394.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$141,216.79 |
| For the calendar year before that: (January 1 to December 31, <u>2019</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$71,397.45 \$136,744.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$84,946.82 |

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security; unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☐ No☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross Income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | VA Disability | \$4,854.85 | | |
| For last calendar year: (January 1 to December 31, <u>2020</u>) YYYY | VA Disability | \$5,296.20 | | |
| For the calendar year before that: (January 1 to December 31, <u>2019</u>) YYYY | VA Disability | \$5,296.20 | | |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☒ **No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ **No.** Go to line 7.

☒ **Yes.** List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

☐ **Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ **No.** Go to line 7.

☐ **Yes.** List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|--|---------------------------------------|-------------------|----------------------|--|
| PECU Creditor's Name 30 East 10th Street Number Street Austin, TX 78701 City State ZIP Code | 10/20/2021 9/20/2021 8/20/2021 | \$1,440.00 | \$19,388.10 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Bank of America Creditor's Name PO Box 17054 Number Street Wilmington, DE 19850 City State ZIP Code | 08/0/2021 09/09/2021 09/20/2021 | \$15,517.82 | \$0.00 | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Chase Creditor's Name P.O. Box 15651 Number Street Wilmington, DE 19886 City State ZIP Code | 09/10/2021 08/09/2021 | \$5,285.00 | \$12,275.98 | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____ |
| Sherry Law Firm Creditor's Name 2802 Flintrock Trce Ste 352 Number Street Austin, TX 78738-1743 City State ZIP Code | 9/22/2021 9/19/2021 | \$2,710.00 | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Legal Fees</u> |

Debtor 1
Debtor 2**Nathan**
Rachel**David**
Capuano**Hair**
Hair

First Name

Middle Name

Last Name

Case number (if known) _____

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|--|------------------|-------------------|----------------------|--|
| Citi Cards Creditor's Name | 8/24/2021 | \$10,025.77 | \$427.36 | <input type="checkbox"/> Mortgage |
| Card Service Center Creditor's Name | 09/03/2021 | | | <input type="checkbox"/> Car |
| P.O. Box 6077 Number Street | 09/10/2021 | | | <input checked="" type="checkbox"/> Credit card |
| Sioux Falls, SD 57117 City State ZIP Code | 09/21/2021 | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |
| Internal Revenue Service Creditor's Name | 09/14/2021 | \$6,000.00 | | <input type="checkbox"/> Mortgage |
| Specialized Insolvency Office Creditor's Name | | | | <input type="checkbox"/> Car |
| Po Box 7346 Number Street | | | | <input type="checkbox"/> Credit card |
| Philadelphia, PA 19101-7346 City State ZIP Code | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input checked="" type="checkbox"/> Estimated Tax for 2021 |
| Velocity Credit Union Creditor's Name | 11/02/2021 | \$695.19 | \$15,384.87 | <input type="checkbox"/> Mortgage |
| P.O. Box 1089 Number Street | 10/02/2021 | | | <input type="checkbox"/> Car |
| Austin, TX 78767 City State ZIP Code | 09/02/2021 | | | <input type="checkbox"/> Credit card |
| | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input checked="" type="checkbox"/> Home Equity Loan |
| US Bank Creditor's Name | 11/01/2021 | \$5,725.59 | \$216,314.61 | <input checked="" type="checkbox"/> Mortgage |
| Po Box 21948 Number Street | 10/01/2021 | | | <input type="checkbox"/> Car |
| Saint Paul, MN 55121-0948 City State ZIP Code | 09/01/2021 | | | <input type="checkbox"/> Credit card |
| | | | | <input type="checkbox"/> Loan repayment |
| | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other _____ |

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name Case number (if known) _____

| Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---|-------------------|----------------------|-------------------------|
| Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | | | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

| Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---|-------------------|----------------------|--|
| Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | | | |

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

| Nature of the case | Court or agency | Status of the case |
|--|---|---|
| Case title <u>Nathan Hair, et al v. Ernest Beltz, Jr., et al.</u> Case number <u>D-1-GN-20-001971</u> | Declaratory Judgment, Rescission, Violation of the TDTA, Violation of the Texas Business Opportunities Act, Common Law Fraud, Breach of Implied Warranty of Merchantability, Breach of Implied Warranty of Fitness for a Particular Purpose, Violation of the Texas Uniform Fraudulent Transfer Act (Chapter 24 of the Texas Business and Commerce Code), Breach of Fiduciary Duty, Negligence, and Breach of Good Faith and Fair Dealing. <u>Travis County District Court</u> Court Name <u>126th Judicial District</u> <u>1000 Guadalupe St # 4</u> Number Street <u>Austin, TX 78701-2328</u> City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Describe the property**Date****Value of the property****Explain what happened**

- ☐ Property was repossessed.
☐ Property was foreclosed.
☐ Property was garnished.
☐ Property was attached, seized, or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?☒ No☐ Yes. Fill in the details.

Creditor's Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Describe the action the creditor took**Date action was
taken****Amount**

Last 4 digits of account number: XXXX- _ _ _ _

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?☒ No☐ Yes**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**☒ No☐ Yes. Fill in the details for each gift.

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|---|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift _____ Number Street City State ZIP Code Person's relationship to you _____ | | | |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|---|-------------------------------|----------------------|-------|
| Charity's Name _____ Number Street City State ZIP Code | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | | | |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

| Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|--|--|-----------------------------------|-------------------|
| Barron & Newburger, P.C. Person Who Was Paid 7320 N. MoPac Expressway 400 Number Street Austin, TX 78731 City State ZIP Code Email or website address Nathan & Rachel Hair Person Who Made the Payment, if Not You | | 11/15/2021 | \$1,116.00 |
| Attorney's Fee | | | |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

| Description and value of any property transferred | | Date payment or transfer was made | Amount of payment |
|---|--|-----------------------------------|-------------------|
| Person Who Was Paid Number Street City State ZIP Code | | | |
| | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name Case number (if known) _____

| | | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|------------------------------------|--|---|--|------------------------|
| Person Who Received Transfer | | | | |
| Number Street | | | | |
| | | | | |
| City State ZIP Code | | | | |
| Person's relationship to you _____ | | | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

| | Description and value of the property transferred | Date transfer was made |
|---------------------|---|------------------------|
| Name of trust _____ | | |
| _____ | | |

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

| | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------------------------------|--|---------------------------------|--|--|---|
| Name of Financial Institution | | XXXX- ____ ____ ____ ____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | _____ |
| Number Street | | | | | |
| | | | | | |
| City State ZIP Code | | | | | |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name Case number (if known) _____

| Who else had access to it? | | Describe the contents | Do you still have it? |
|--|--|-----------------------|---|
| Name of Financial Institution _____ Name _____ Number _____ Street _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|---|--|-----------------------|---|
| Name of Storage Facility _____ Name _____ Number _____ Street _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

| Where is the property? | | Describe the property | Value |
|---|--|-----------------------|-------|
| Owner's Name _____ Number _____ Street _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | | | _____ |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|--|--|-----------------------------------|----------------|
| Name of site _____ Governmental unit _____ | | | _____ _____ |
| Number Street _____ City State ZIP Code _____ | | | |
| City State ZIP Code _____ | | | |

25. Have you notified any governmental unit of any release of hazardous material?☒ No☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|--|--|-----------------------------------|----------------|
| Name of site _____ Governmental unit _____ | | | _____ _____ |
| Number Street _____ City State ZIP Code _____ | | | |
| City State ZIP Code _____ | | | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.☒ No☐ Yes. Fill in the details.

| | | | | |
|----------|---------------|----------------|-------------|------------------------------|
| Debtor 1 | Nathan | David | Hair | |
| Debtor 2 | Rachel | Capuano | Hair | |
| | First Name | Middle Name | Last Name | Case number (if known) _____ |

| Court or agency | Nature of the case | Status of the case |
|--|--------------------|--|
| Case title _____ _____ _____ Case number _____ _____ Court Name _____ _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☒ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|--|---|
| NatRac, LLC Name 2216 Hilltop Climb Dr Number Street Leander, TX 78641-8817 City State ZIP Code | Describe the nature of the business Gym | Employer Identification number Do not include Social Security number or ITIN. EIN: <u>8</u> <u>2</u> - <u>4</u> <u>4</u> <u>2</u> <u>3</u> <u>0</u> <u>0</u> <u>2</u> |
| | Name of accountant or bookkeeper Curley, LLC | Dates business existed From <u>2-13-2018</u> To <u>Present</u> |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No
- ☒ Yes. Fill in the details below.

| | |
|--|---|
| Weitzman Group Name 2108 S. Lamar Blvd Number Street Austin, TX 78704 City State ZIP Code | Date issued <u>08/2021</u> MM / DD / YYYY |
|--|---|

Debtor 1
Debtor 2Nathan
Rachel
First NameDavid
Capuano
Middle NameHair
Hair
Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Nathan David Hair
Signature of Nathan David Hair, Debtor 1

X /s/ Rachel Capuano Hair
Signature of Rachel Capuano Hair, Debtor 2

Date 11/15/2021

Date 11/15/2021

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|---|
| Creditor's name: <u>Velocity Credit Union</u> | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: <u>2216 Hilltop Climb Dr Leander, TX 78641-8817</u> | <input type="checkbox"/> Retain the property and redeem it. | <input checked="" type="checkbox"/> Yes |
| | <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | <input type="checkbox"/> Retain the property and [explain]: | |
| Creditor's name: <u>PECU</u> | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: <u>2017 Buick Enclave</u> | <input type="checkbox"/> Retain the property and redeem it. | <input checked="" type="checkbox"/> Yes |
| | <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | <input type="checkbox"/> Retain the property and [explain]: | |

| | | | |
|----------|---------------|----------------|-------------|
| Debtor 1 | Nathan | David | Hair |
| Debtor 2 | Rachel | Capuano | Hair |
| | First Name | Middle Name | Last Name |

Case number (if known) _____

Additional Page for Part 1

| | | | |
|--|--------------------------|--|--|
| Creditor's name: | People Fund | <input type="checkbox"/> Surrender the property. | <input checked="" type="checkbox"/> No |
| Description of property securing debt: | 2010 Nissan Titan | <input type="checkbox"/> Retain the property and redeem it. | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | | <input type="checkbox"/> Retain the property and [explain]: | |

| | | | |
|--|---|---|---|
| Creditor's name: | US Bank | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: | 2216 Hilltop Climb Dr Leander, TX 78641-8817 | <input type="checkbox"/> Retain the property and redeem it. | <input checked="" type="checkbox"/> Yes |
| | | <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . | |
| | | <input type="checkbox"/> Retain the property and [explain]: | |

Debtor 1 **Nathan** **David** **Hair**
 Debtor 2 **Rachel** **Capuano** **Hair**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name: Texas Fertility Center

☐ No☒ Yes

Description of leased property: IVF Treatments

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

/s/ Nathan David Hair

Signature of Debtor 1

X

/s/ Rachel Capuano Hair

Signature of Debtor 2

Date 11/15/2021

MM/ DD/ YYYY

Date 11/15/2021

MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Western District of Texas

In re Hair, Nathan David

Hair, Rachel Capuano

Case No. _____

DebtorChapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|------------|
| For legal services, I have agreed to accept | \$1,116.00 |
| Prior to the filing of this statement I have received | \$1,116.00 |
| Balance Due | \$0.00 |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Fee is for hourly employment. Amount paid is a retainer, not a flat fee.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/15/2021
Date

/s/ Stephen W Sather
Stephen W Sather
Signature of Attorney

Bar Number: 17657520
Barron & Newburger, P.C.
7320 N. MoPac Expressway 400
Austin, TX 78731
Phone: (512) 476-9103 x226

Barron & Newburger, P.C.
Name of law firm

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

☐ Check if this is an amended filing

Statement for Hair, Nathan David

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with **Chapter 7 Statement of Your Current Monthly Income** (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition* (Official Form 101).
- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?
- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. **Are you or have you been a Reservist or member of the National Guard?**
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later

Fill in this information to identify your case:

| | | | |
|---|----------------------------------|----------------|-------------|
| Debtor 1 | <u>Nathan</u> | <u>David</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | <u>Rachel</u> | <u>Capuano</u> | <u>Hair</u> |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>Western District of Texas</u> | | |
| Case number (if known) | <u></u> | | |

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Column A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|---|---|---|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | <u></u> | <u></u> |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | <u></u> | <u></u> |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | <u></u> | <u></u> |
| 5. Net income from operating a business, profession, or farm | Debtor 1 Gross receipts (before all deductions) <u></u> Ordinary and necessary operating expenses - <u></u> Net monthly income from a business, profession, or farm <u></u> | Debtor 2 Gross receipts (before all deductions) <u></u> Ordinary and necessary operating expenses - <u></u> Net monthly income from a business, profession, or farm <u></u> |
| | | Copy here → |
| 6. Net income from rental and other real property | Debtor 1 Gross receipts (before all deductions) <u></u> Ordinary and necessary operating expenses - <u></u> Net monthly income from rental or other real property <u></u> | Debtor 2 Gross receipts (before all deductions) <u></u> Ordinary and necessary operating expenses - <u></u> Net monthly income from rental or other real property <u></u> |
| | | Copy here → |
| 7. Interest, dividends, and royalties | <u></u> | <u></u> |

Debtor 1
Debtor 2Nathan
RachelDavid
CapuanoHair
Hair

First Name

Middle Name

Last Name

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____ ↓

For you: _____

For your spouse: _____

- 9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

- 10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below

Total amounts from separate pages, if any.

+ _____

+ _____

- 11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

+ _____

**Total current
monthly income**

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:

- 12a. Copy your total current monthly income from line 11. _____
Multiply by 12 (the number of months in a year).

Copy line 11 here → _____

x 12

- 12b. The result is your annual income for this part of the form.

12b. _____

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household. _____
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. _____

14. How do the lines compare?

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

- 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

Nathan

David

Hair

Debtor 2

Rachel

Capuano

Hair

Case number (if known) _____

First Name

Middle Name

Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Nathan David Hair

Signature of Debtor 1

Date 11/15/2021

MM/ DD/ YYYY

X /s/ Rachel Capuano Hair

Signature of Debtor 2

Date 11/15/2021

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

IN RE: **Hair, Nathan David**
Hair, Rachel Capuano

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/15/2021 Signature /s/ Nathan David Hair
Nathan David Hair, Debtor

Date 11/15/2021 Signature /s/ Rachel Capuano Hair
Rachel Capuano Hair, Joint Debtor

Austin Health Partners
Po Box 19000
Belfast, ME 04915-4085

Bank of America
P.O. Box 15028
Wilmington, DE 19850-5028

Beltz International LLC
dba Kidplay Supply
2423 S Bell Blvd Ste B
Cedar Park, TX 78613

Cedar Park Regional Medical
Center
1401 Medical Parkway
Cedar Park, TX 78613

Chase
P.O. Box 15651
Wilmington, DE 19886

Credit Center, LLC
7 Finance Dr
Danbury, CT 06810-4133

Greensky
PO Box 29429
Atlanta, GA 30359

HRRG
Po Box 5406
Cincinnati, OH 45273-0001

Internal Revenue Service
Specialized Insolvency Office
Po Box 7346
Philadelphia, PA 19101-7346

Kohl's
P.O. Box 2983
Milwaukee, WI 53201-2983

LL Development, LLC
2423 S Bell Blvd Ste B
Cedar Park, TX 78613-4754

McNeary & Voelker, P.C.
First Texas Bank Building
500 Round Rock Ave Ste 2
Round Rock, TX 78664-5116

NatRac, LLC
2216 Hilltop Climb Dr
Leander, TX 78641-8817

Oakwood Women's Centre
511 Oakwood Blvd Ste 301
Round Rock, TX 78681-4068

Parks Coffee
1516 Ferguson Lane
Austin, TX 78754

PECU
30 East 10th Street
Austin, TX 78701

People Fund
P.O. Box 201940
Dallas, TX 75230

Play Gym Franchise, LLC
dba Little Land Play Gym Franchise
2423 S Bell Blvd Ste B
Cedar Park, TX 78613-4754

Sherry Law Firm
2802 Flintrock Trce Ste 352
Austin, TX 78738-1743

St. David's Georgetown
Hospital
200 Scenic Dr.
Georgetown, TX 78626

St. David's Round Rock
Medical Center
Po Box 740794
Cincinnati, OH 45274-0794

TeamHealth
3585 Ridge Park Dr
Fairlawn, OH 44333-8203

Texas Fertility Center
6500 N Mopac Expy # 1-120
Austin, TX 78731-3282

Texas Security & Surveillance
2111 Sam Bass Rd
Round Rock, TX 78681-1871

The Weitzman Group
Po Box 660394
Dallas, TX 75266-0394

US Bank
Po Box 21948
Saint Paul, MN 55121-0948

Velocity Credit Union
P.O. Box 1089
Austin, TX 78767

Williamson County Tax
Assessor-Collector
904 S. Main Street
Georgetown, TX 78626

Women's Texas Health
Attn: #23631N
Po Box 14000
Belfast, ME 04915-4033